

Instructors:

Name of Instructors (attach additional copies of this form if needed)	Years of Insurance Experience
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

For preclicensing education, select the authority for each instructor and attach the appropriate verifications(s):

- ☐ Life: Attach proof of passing the life instructor exam or verification of CLU or ChFC from the American College, or proof of status as a faculty member teaching insurance courses at an accredited college or university.
- ☐ Health: Attach proof of passing the health instructor exam or verification of CLU or ChFC from the American College, or proof of status as a faculty member teaching insurance courses at an accredited college or university.
- ☐ Property/Casualty: Attach proof of passing the property/casualty instructor exam or verification of CPCU from the American Institute, or proof of status as a faculty member teaching insurance courses at an accredited college or university.
- ☐ Title: Attach proof of passing the title instructor exam or proof of status as a faculty member teaching insurance courses at an accredited college or university.

Instructor Certification: The information contained on this application about me is true and accurate. I have read N.J.A.C. 11:17-3.1 – 3.6 regarding the rules for insurance education. I understand I must conduct and administer the courses I teach in a manner reasonably calculated to assure that certificates or reports of courses attended and completed accurately reflect the students' attendance and performance. I understand that the director is responsible for monitoring my compliance with the insurance education regulations and that violations of these regulations may result in the Department of Banking and Insurance imposing penalties that may include but are not limited to suspension or revocation of the provider approval and suspension or revocation of my New Jersey insurance producer license where applicable. I understand that N.J.A.C. 11:17-3.1(3) prohibits any individual from being an instructor if his or her insurance producer license has been revoked, and I certify that I have not had my insurance license revoked.

1.	_____ Print Name	_____ Date	_____ Instructor Signature
2.	_____ Print Name	_____ Date	_____ Instructor Signature
3.	_____ Print Name	_____ Date	_____ Instructor Signature
4.	_____ Print Name	_____ Date	_____ Instructor Signature

Authorized Personnel : Authorized Personnel means any person designated by the insurance education provider and approved by the Department to be authorized to submit insurance education provider certification forms, schedules, course approval forms, and other information not specifically required to be provided by the insurance education director on behalf of the insurance education provider.

Authorize Personnel Information:

Name: _____

Residence Address: _____

Telephone Number: _____ E-Mail Address: _____

Department License Reference Number: (if applicable) _____

Signature of Authorized Personnel: _____ Date: _____

Signature of Director: _____ Date: _____